### APPLICATION BY RECIPROCATION AS A PHARMACIST

This application cannot be returned by fax or email.

We must have an original signature and fee to process

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

As of July 1, 2008, Nevada will accept reciprocation of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

Download application and mail to the address on the top of the application with the required \$330.00 fee. The fee is payable by **money order or cashier's check only**, we do not accept credit cards, cash or personal checks.

Fee is made payable to: Nevada State Board of Pharmacy.

## Before calling with questions, please read all information carefully

You are required to access NABP¢s website at www.nabp.net to register on-line for the MPJE exam.

Required to get approval for MPJE: The Nevada application and \$330 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.

Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the examination.

You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.

A Nevada law book will automatically be mailed within 30 days upon receipt of the completed application. The law book is the only study guide available for the Nevada MPJE exam. You can also access the law book on our web site under the tab %Nevada Statutes & Regulations.+

The MPJE exam can be taken once every 30 days (retake fee required for NABP). If you fail the MPJE, you will be provided with the retake requirements. All scores will be sent by mail ONLY within three (3) weeks of taking the test. WE DO NOT GIVE SCORES OR PASS/FAIL OVER THE PHONE.

# DO NOT CALL FOR MPJE SCORES

<u>Just a reminder</u>: You will be required to access NABP¢ website at <u>www.nabp.net</u> to obtain the Preliminary Application for Transfer of Pharmaceutic Licensure for NABP.

To receive license as a pharmacist in Nevada by reciprocation, the following needs to be on file:

Nevada application and fee Passage of the MPJE exam Official NABP application

You have one (1) year from the date we receive the Nevada application to complete the process of licensure. The \$330.00 fee includes all required fees including the \$150 registration fee. The \$330.00 fee does NOT include the fee for the MPJE exam or the fee for NABP. All pharmacists license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office if you need additional information

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane "Reno, NV 89509" (775) 850-1440

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Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashieros Check made payable to: **Nevada State Board of Pharmacy** 

Complete Name (no abbre	eviations):							
First:	Middle:	Las	t:					
Mailing Address:				_				
City:		State:	Zip Code:					
Telephone:		E-mail Address: _						
Date of Birth:		Place of Birth:						
Social Security Number:			Sex: □ M	or □ F				
Original State of Licensure you are reciprocating from must be active and issued by exam;								
State: Date of Issuance:								
College of Pharmacy Info	<u>ormation</u>							
Graduation Date:								
Degree Received: ☐ Pr		in Pharmacy	□ Other	(check one)				
Name of Pharmacy School:								
Location of School:								
If you are a foreign graduate you must attach a copy of your FPGEC certificate to THIS APPLICATION.  You also need to complete the college of pharmacy information								
<b>∀</b> Board Use Only								
Received:	_ Amount:		Entity #:					
Laws	MPJE							

Other sta	ates where	e you are (or we	ere) licensed as	s a phari	macist or prir	nt %none+
State	Lic#	Is the I	icense active?	State	Lic#	Is the license active?
		Yes 🗆	No □ _			Yes □ No □
		Yes 🗆	No □ _			Yes □ No □
**Attach	separate s	sheet if needed				
						Yes No
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provide an expiration o  Board Administrative		Date:		Case #:		
Action:			/ /			
Criminal State Action:		Date:	Case #:		County Court	
Action.		/ /				
4. Are your 4a. If you	hat we incount the subject of the su	derally mandate lude this questing the dect of a court order Yes, to the que	ons as part of a ler for the supposition 4, are you and know the contents the	s, the Ne all applicant of a chain complement.	evada Legisla cations. nild? liance with the	eture and Attorney General  Yes No Court order?
concerning the Pharmacy, its	ne prevention of s agents, servar	transmission of infection	us agents through safe onduct any investigation	and appropri	iate injection practic	es. I hereby authorize the Nevada State Board of I, social and moral background, qualification and
No liability of authorization.		shall attach to the said	Nevada State Board of	Pharmacy, it	<b>s</b> members, servan	ts or employees because or by reason of the use of the
Original Signature, no copies or stamps accepted				Date		